

## HEALTH & ADULT SOCIAL CARE SCRUTINY PANEL

**DATE:** 20<sup>th</sup> January 2021  
**REPORT OF:** Jan Haxby – Chair of Safeguarding Adults Board  
**SUBJECT:** Safeguarding Adults Board Annual Report 2019/20  
**STATUS:** Open

### CONTRIBUTION TO OUR AIMS

The annual report contributes to our aim that ‘all people in North East Lincolnshire feel safe and are safe’ for communities and vulnerable adults.

### EXECUTIVE SUMMARY

Under the Care Act 2014 there is a statutory requirement for the Safeguarding Adults Board to publish an annual report. The annual report details the work of the Board and its partners in fulfilling obligations towards vulnerable adults, undertaking Safeguarding Adult Reviews (SARs) and ensuring we communicate with the population and service providers on safeguarding matters.

### MATTERS FOR CONSIDERATION

It is a statutory requirement that the annual report is published and presented to:

- *the Chief Executive and Leader of the local authority*
- *the Police and Crime Commissioner and the Chief Constable*
- *the local Healthwatch*
- *the Chair of the Health and Wellbeing Board*

Scrutiny Panel is asked to consider the report and to note its contents.

### 1. BACKGROUND AND ISSUES

This report for 2019/20 describes the activities and work undertaken by the North East Lincolnshire Safeguarding Adults Board (NEL SAB) and its members to deliver the objectives and content of our strategic plan to make North East Lincolnshire a safer place for all people, but specifically for those adults within our community who are most vulnerable.

The key role of the SAB is to assure itself and all stakeholders that local safeguarding arrangements are effective and partners work together to help and protect adults who:

- Have needs for care and support (whether or not NEL is meeting any of those needs);
- Are experiencing, or at risk of, abuse or neglect; and
- As a result of those care and support needs, are unable to protect themselves from the risk of, or the experience of abuse or neglect.

## **2. RISKS AND OPPORTUNITIES**

**The risks:** Failure to publish would mean we are not statutory compliant.

**The opportunities:** The report will raise awareness of safeguarding issues and provide our community with the information needed to have confidence in safeguarding arrangements and have transparency and accountability in governance.

## **3. REPUTATION AND COMMUNICATIONS CONSIDERATIONS**

There are potential negative reputational implications for the Council should the report not be published and there would be an impact on our responsibilities to the community with regards informing them of the safeguarding work undertaken in North East Lincolnshire.

## **4. FINANCIAL CONSIDERATIONS**

The report will be published on websites electronically by NEL and its partners at no cost.

## **5. CLIMATE CHANGE AND ENVIRONMENTAL IMPLICATIONS**

The report will not have any impact on climate change or environmental implications.

## **6. MONITORING COMMENTS**

In the opinion of the author, this report does not contain recommended changes to policy or resources (people, finance or physical assets). As a result, no monitoring comments have been sought from the Council's Monitoring Officer (Chief Legal Officer), Section 151 Officer (Director of Finance) or Strategic Workforce Lead.

## **7. WARD IMPLICATIONS**

There are no Wards specifically affected.

## **8. BACKGROUND PAPERS**

Safeguarding Adults Board Annual Report 2019/20.

## **9. CONTACT OFFICER**

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**North East Lincolnshire  
Safeguarding Adults Board  
Annual Report  
2019/2020**

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## Foreword

This report for 2019/20 sets out the activities and work undertaken by North East Lincolnshire safeguarding adults board (NELSAB) and its members to deliver on the aims and objectives of our strategic plan. The overarching objective of our plan is to make North East Lincolnshire (NEL) a safer place for all people, but specifically for those adults within our community who are at risk of experiencing abuse and/or neglect.

The production of an annual report is a statutory requirement of the Care Act 2014, the primary piece of legislation under which the board operates. Safeguarding is everyone's business and the NELSAB is responsible for ensuring this premise is at the heart of everything we do.

Adults at risk of abuse and neglect are found in all areas, in all walks of life and within all social classes. They may be at risk for several reasons such as disability, age, or lacking mental capacity to make decisions. They may be at risk due to being susceptible to radicalisation, subject to domestic abuse or because of substance misuse.

The NELSAB exists to ensure services, whether regulated, commissioned, or voluntary, are safe.

The NELSAB's closer working with the safeguarding children partnership (SCP) and the community safety partnership (CSP) is a step towards a joint vision for a "safer NEL".

## 1. Background and local context

North East Lincolnshire (NEL) is situated on the south bank of the Humber estuary with higher than average levels of deprivation. NEL has a stable population of around 160,000, of whom more than 126,000 are adults over 18 years of age. The proportion of those over the age of 65 is increasing.

Mid-2012 based population projections show an estimated population growth of 2.4% in NEL by 2037. Within the increase the percentage of people who are of pensionable age is projected to rise from 18.5% in 2012 to 26.8%. The number of people aged 90+ is predicted to rise from 1400 in 2012 to 4400 in 2037. *[Source: Office for National Statistics, 2015. Population projections 2012 to 2037]*

NEL is a unitary authority area spanning an area of 192 square kilometres across a range of communities within Grimsby, Cleethorpes, Immingham and 22 surrounding villages. The town centres of the more densely populated areas of Grimsby and Cleethorpes are only three miles apart with Immingham approximately eight miles from Grimsby.

NEL's neighbours are the authority of North Lincolnshire and Lincolnshire's districts of East Lindsey and West Lindsey.

### 1.1 North East Lincolnshire Safeguarding Adults Board (NELSAB)

The NEL safeguarding adult board (referred to as the SAB) is a statutory requirement for all local authorities under Sections 42-46 of the Care Act 2014 with the director of adult social services (DASS) taking the lead role and overall responsibility for adult safeguarding.

*The main objective of the SAB is to assure itself that local safeguarding arrangements and partners act to help protect adults in its area who:*

- *have needs for care and support (whether or not NEL is meeting any of those needs)*
- *are experiencing, or at risk of, abuse or neglect*
- *and as a result of those care and support needs, are unable to protect themselves from either the risk of, or the experience of abuse or neglect (Sec 14.2 statutory guidance)*

People that fall into this category are referred to as 'adults at risk'.

## 2. Structure and governance

As a minimum, the SAB membership must comprise three main statutory partners, these being North East Lincolnshire Council (NELC), Humberside police and North East Lincolnshire clinical commissioning group (NELCCG). In NEL we have established a broader multi-agency membership to ensure representation and provision from all sectors and areas across the NEL community to enable adults' needs to be fully recognised and met.

### 2.1 NELSAB structure, framework and membership

The director of adult social services is responsible for ensuring that all organisations providing or commissioned to provide adult services, do so to a standard that is safe and commensurate with the 2014 Care Act requirements. In line with our vision, we seek to empower and protect adults with care and support needs, and support structures to promote the highest standards possible, so that all people in NEL feel safe and are safe, wherever possible, living lives free from the risk or experience of abuse or neglect.

For the SAB to have the necessary means for effective decision-making and commitment of resources, its members have sufficient delegated authority to act on behalf of their own agencies. The SAB comprises senior officers, nominated by member agencies, operating under terms of reference that reflect the vision and guiding principles of the Care Act 2014, which are:

- Empowerment: supporting people to make their own decisions and give informed consent
- Prevention: acting before harm occurs
- Proportionality: the least intrusive responses appropriate to the risks
- Protection: support and representation for those in greatest need
- Partnership: local solutions through services working with communities
- Accountability: accountability and transparency in delivering safeguarding

*See appendix A for SAB structure and membership*

### 2.2 Chairing arrangements and interface with safeguarding children partnership and NEL community safety partnership

The SAB is currently chaired by the director of quality and nursing and executive lead for safeguarding of the NELCCG. This post is also one of the three executive members of the safeguarding children partnership (SCP) ensuring synergies between the partnerships.

Through joint ventures, the SAB has increased its capacity to communicate safeguarding information to all people across NEL and move towards a culture of shared expertise across adults, children, and the whole community. Joint working with the community safety partnership (CSP) allows cross-cutting themes to be tackled more effectively such as modern-day slavery and "Prevent".

The appointment of an assistant director, now managing all three partnerships, has allowed progress in the safer NEL ethos.

The SAB has maintained its pledge commitment to safeguarding this year, directly contributing to NELC's vision that *"all people in NEL feel safe and are safe"*.

### 3. Priorities 2019/20 and resulting action

The three-year strategic plan was created in 2016 and has been revised annually. The plan was developed in line with the six principles. The section below sets out the key principles of what we said we would do and what we have done so far:

#### **Empowerment** - people being supported and encouraged to make their own decisions with informed consent

The SAB maintains its website: <https://www.safernel.co.uk/safeguarding-adults-board/> which contains information about keeping safe, explain types of abuse and neglect, and provides contact information to be used by anyone with a safeguarding concern.

*The safer NEL website is now well established and used by both professionals and members of the public; it contains policies and procedures as well as reports from safeguarding reviews, which not only informs what all three partnerships are doing but signposts where to get help and assistance.*

#### **Prevention** – it is better to take action before harm occurs

All SAB partners will be required to assure the board regularly on what they are doing to prevent abuse or neglect.

*The updated workforce development strategy is now firmly embedded. The offer of a revised Mental Capacity Act and Deprivation of Liberty Safeguards training pathway has been made with the first refreshed courses being run shortly. The safeguarding champions network is now fully embedded and meets regularly to discuss cases and ensures that good practice and lessons learnt are disseminated throughout agencies. We continue to audit and dip sample cases when patterns or themes emerge.*

#### **Proportionality** – the least intrusive response appropriate to the risk

The SAB will ensure that the requirements of “making safeguarding personal” (MSP) are embedded in all safeguarding enquires. Any actions taken are informed by the express wishes and feelings of the person at the centre of the concern when possible.

Making safeguarding personal (MSP) is the government term for practising in a way that ensures that the adult at risk has the opportunity to express what they want to happen during safeguarding processes and measuring the success at achieving this. Where adults are unable to express their wishes, this requires the provision of a suitable advocate to speak on the adult’s behalf.

*Over 2019/20 we have yet again increased our recording of MSP and have improved the numbers and outcomes of service user satisfaction. We have also improved our activity on assessment for adults who appear to lack capacity, and now in 2019/20, MSP is business as usual firmly embedded in practice.*

#### **Protection** – support and representation for those in greatest need

The SAB will require all partners to ensure that there is an up-to-date assessment of mental capacity where appropriate and any best interest decision on file. They will ensure that the person is supported when appropriate by an advocate or an Independent Mental Capacity Advocate (IMCA).

*Management of the Deprivation of Liberty Safeguards (DoLS) remains an issue both locally and nationally. Since the Cheshire West court case, the demand for DoLS authorisations has increased more*

*than tenfold. This year the backlog of people awaiting assessment nationally is more than 100,000 and all local authorities are struggling to keep pace with demand. As a result, there has been an amendment to the Mental Capacity Act, and the DoLS system is due to be replaced by the Liberty Protection Safeguards (LPS) in October 2020.*

*North East Lincolnshire's MCA Group has worked tirelessly in its attempts to manage the risks for those individuals whose applications have not been authorised and to prepare for the forthcoming change in legislation.*

*In August 2019, the final report was published of the Independent review of safeguarding in NEL. An action plan was created, and those areas highlighted for improvement are currently being addressed.*

### **Partnership – local solutions through services working together with our community**

Each SAB partner will ensure their organisation upholds their collective responsibilities to safeguard adults in accordance with the requirements of the Care Act 2014.

*The SAB requires assurances from all partner agencies and providers that safeguarding remains a priority. The safeguarding adult referral, significant incident learning process and good practice group (SAR, SILP and GP group) continues to review individual cases where concern is raised, or it is believed we could benefit from learning. The group reports quarterly to the SAB on all open cases. The SAB considers any themes or trends in safeguarding that require scrutiny and direct in-depth audits to allow a clear understanding to inform practice.*

The SAB will work with the SCP, CSP and other local partners when possible to promote safeguarding for all our community.

*The SAB chair is one of the executive members of the newly formed SCP and all three partnerships work on common themes such as domestic abuse, modern day slavery, female genital mutilation and prevent. We share audit processes and learning from reviews.*

### **Accountability – accountability and transparency in delivering safeguarding**

The SAB will agree and maintain local multi-agency safeguarding adults' policies and procedures for all partners to use.

*Work continues nationally to agree benchmarking within adults. Locally we have had our dataset reviewed by the association of directors of adult social service (adass), which published our performance reporting as an example of good practice. Known as the 'performance wheel' and developed by Focus, it allows the SAB to maintain oversight of the safeguarding referrals, enquiries made, types of abuse and the outcomes for those subject to enquiries.*

*The current multi-agency policy and procedures are shared via our website, and the designated adult safeguarding manager (DASM) role and person in position of trust (PiPoT) protocol is firmly embedded in practice. The high-risk panel and operational risk management meeting protocols produced by the SAB are now also firmly embedded and utilised by all agencies.*

The SAB will produce an annual report explaining what it has done and how its partners have helped to keep people safe in North East Lincolnshire.

*A statutory requirement, this report highlights what the SAB has achieved and what it seeks to achieve in the current and next financial years.*

## 4. SAB members' contribution to safeguarding

### 4.1 Director of adult social services

During 2019/20 we have reconsidered the role of the safeguarding adults board and how we can better join up with partners across the system by adopting a thematic approach to our work. This has enabled us to structure the SAB in a way that addresses some of the issues we are facing as a community, most notably modern slavery, and neglect. We have continued our work around the Mental Capacity Act, with the aim of strengthening practice in this area to ensure that we are respectful of individuals' rights and that we are enabling agencies to make decisions in clients' best interests.

We delivered our first joint conference with children's services to consider the whole subject of risk, rights and the role of the state, with support from Research in Practice (a national agency specializing in social care research) and we hope that this reinforces the foundations of better working practice between children's and adults' services. We also commissioned and concluded a joint audit of cases involving young people approaching adulthood so that we could learn how we better manage their journey to adulthood. This report will be considered by the tri-boards meeting and hopefully will develop more seamless joint agency working to ensure that all young people are better prepared for adulthood, especially when they have social and emotional needs.

As with the previous year's report, we continue to manage increased number of Deprivation of Liberty Safeguards (DoLS) cases. During the year we have been preparing for the still delayed Liberty Protection Safeguards (LPS) regime and developing practice in line with that. We have been clear in citing to the council's leadership team the risks associated with the backlog of cases and where practicable have applied lighter touch methodologies to assist.

### 4.2 NEL clinical commissioning group (CCG)

NHS North East Lincolnshire clinical commissioning group (CCG) is committed to working with partner agencies to ensure the safety, health, and well-being of the local people in North East Lincolnshire. Protecting adults at risk is a key part of the CCG's approach to commissioning and, together with a focus on quality and the experience of service users, is integral to our commissioning arrangements. The CCG approach to adult safeguarding is underpinned by quality and contracting systems and processes that aim to reduce the risk of harm, respond quickly, and ensure that lessons are learnt and shared. This includes working strategically within a multi-agency framework to create measures that reduce the risk of neglect and abuse and support health services to respond where abuse has occurred or is suspected of occurring.

The CCG has a duty to take additional measures in establishing effective structures for safeguarding across health organisations. This includes robust governance and commissioning arrangements, and leadership across the local health economy.

NHS North East Lincolnshire CCG's chief officer has the overall accountability for safeguarding adults, with the responsibility for ensuring the contribution of health services to safeguarding and promoting the safety of adults at risk.

The director of quality and nursing, reporting to the CCG chief officer, is the executive lead for safeguarding adults across North East Lincolnshire. As chair of the SAB and a member of the CCG governing body, they take the responsibility for ensuring that safeguarding is embedded across the health community and is operationally delivered through local commissioning arrangements.

The designated nurse for safeguarding reports to the director of quality and nursing and attends the SAB to provide commissioning or clinical advice and senior nursing leadership. This strategic role provides support and leadership across the whole health economy, ensuring that any lessons learnt are disseminated.

The designated nurse, MCA strategic lead and executive lead for safeguarding have all undertaken Level 4 training in safeguarding adults, provided by NHS England. The designated nurse has also undertaken safeguarding supervision training and executive safeguarding leadership courses, both commissioned by NHS England. CCG staff have all had appropriate levels of safeguarding training, dependent on their roles, and the CCG safeguarding team has delivered this.

The designated nurse regularly collaborates with the safeguarding adults' team, providing advice and support with any health-related issues presenting within safeguarding cases. The CCG actively monitors the quality of nursing and residential homes and domiciliary care to ensure any issues are addressed and remedied at the earliest possible point. This is often undertaken in collaboration with the CQC and other partner agencies.

The CCG has a system of robust reporting mechanisms from providers to ensure adequate scrutiny of their safeguarding arrangements. The CCG safeguarding policy includes several standards which providers are expected to meet and are included in contracts for providers of commissioned NHS health services. The returns are scrutinised, and providers can be challenged through contract compliance or can receive a site visit to observe the quality of arrangements.

In addition, the CCG provides safeguarding and quality oversight of provider units that are commissioned by NHS England specialist commissioning teams, but that are within the NEL area. This includes receiving activity and performance data and undertaking site visits to review the quality of safeguarding arrangements and the quality of care.

NEL CCG provides the link with primary care services and the designated nurse works closely with the named GP for safeguarding adults to support primary care staff and promote practice improvement in their contribution to safeguarding adults. The designated nurse and named GP for safeguarding adults hold a safeguarding lead GP forum to further support practice and offer a two-way information sharing opportunity.

The CCG designated nurse chairs and co-ordinates a health forum which brings together senior safeguarding leads from all health organisations in NEL and provides a vehicle through which safeguarding strategy and operational delivery can be supported, challenged, and developed. It brings together senior leaders with an opportunity for key communication and peer networking and support.

The CCG continues to deliver the learning disability mortality review (LeDeR) process, ensuring reviews are undertaken, quality assuring completed reviews and collating the learning across Northern

Lincolnshire and then disseminating learning into various local work-streams to further enhance standards and improve service delivery.

Both the designated nurse and specialist nurse for safeguarding are active participants and contributors to a number of safeguarding systems, including the “Channel” panel and MAPPA.

The CCG provides leadership in championing the domestic abuse agenda in NEL and actively contributes to the ‘one system approach’ to domestic abuse. Working with Women’s Aid, the CCG continues to support and further promote a weekly domestic abuse drop-in located in two GP practices. All staff within the practices have been provided with bespoke domestic abuse training to aid their recognition of domestic abuse to further support and signpost patients to these drop-ins.

The CCG is committed as an active member of the SAB, ensuring regular representation at meetings, and providing leadership to the key agendas, including chairing the SAB and two of its sub-groups.

### 4.3 Humberside police

Within Humberside police, the initial response to criminal allegations from adults at risk is provided by communities resources. More serious investigations are then progressed by specialist staff in the criminal investigation department (CID) or protecting vulnerable people (PVP) Unit. Staff from the neighbourhood policing teams play a key role in the identification of and partnership response to vulnerable adults.

The morning pace-setter meeting provides a good understanding of ongoing incidents relating to vulnerability. Vulnerability incidents reviewed include rape, domestic abuse, victims and offenders with mental health problems, vulnerable persons and wanted persons.

Our officers have received bespoke vulnerability training, accredited by the college of policing, to ensure a greater understanding of the identification and response to vulnerable people.

Humberside police works collaboratively with a range of partner agencies to support service users who have been victims of crime or are at risk of abuse or neglect, or who are adults at risk. We are key contributors to the SAB and associated sub-groups.

We have a dedicated detective sergeant working within the local authority at Cleethorpes who is responsible for the co-ordination of referrals and concerns identified through police contact in relation to adults at risk.

The child criminal exploitation and organised crime group team target offenders linked to county lines particularly where children are being exploited for dealing drugs on behalf of an OCG for both NEL and NL. As part of their work the team has identified exploited vulnerable adults who were targeted by ‘cuckooing’ or debt bondage by which the OCG takes over the vulnerable adult’s address to deal drugs from. The team has supported and safeguarded a number of vulnerable adults who have been targeted by these OCGs, working in partnership with other agencies.

Humberside has seen a dramatic rise in modern slavery and human trafficking investigations and as a result the force has invested in a dedicated team. The ‘operation Wilberforce’ taskforce has been established to tackle modern day slavery and human trafficking (MDSHT) in Humberside. The team lead in investigating and responding to any allegations of MDSHT and provide specialist training,

support and guidance to frontline officers and investigators. During 2019/20 demand has risen significantly in NEL - 32 crimes were investigated, 29 NRM referrals were submitted and 42 pieces of intelligence were received from officers and partner agencies.

**Case Study:**

*A young couple came across to the UK from Romania on the promise of making good money.*

*Arrangements were made for the pair to travel to the UK at a cost of £220 for both, which would be paid back when they obtained work. The pair were collected along with other Romanians and driven on a bus to the UK.*

*The couple were taken to a recruitment agency; the male victim was recruited in a local factory whilst his female partner was given work in a car wash. A joint bank account was opened for them and the cards and ID papers were confiscated by the suspects.*

*They were told their debt had now risen to £2000, so they had to work long hours to repay their debt.*

*They were forced to sign a contract to agree to the terms and were only allowed £20 a week to live on. The couple were threatened by the suspects who stated they could pay someone to have them killed.*

*The couple managed to flee from the house and presented themselves at Grimsby police station.*

*They have now been rehoused and are supported through the National Referral Mechanism.*

*The two suspects were arrested and are currently on conditional police bail while the investigation continues.*

#### 4.4 Adult mental health services (NAVIGO)

There has been a re-structuring of safeguarding to include it within the team that includes the Mental Capacity Act lead and Mental Health Act lead. The team is managed overall by the assistant director of adult acute mental health services, reporting to the director of operations.

The safeguarding team has had a period of sickness in recent months but another B7 has been overseeing the team; however, the team has continued to function. In the last 8 months, all policies, both for safeguarding adults and children, have been re-written and updated; together with the domestic abuse and prevent policy. There is a secondment from the CCG, initially for 3 months to assist with the revision of policies, audits and actions plans.

A safeguarding committee has been established which reports directly to the CIC board; this meets monthly and is chaired by the chair of Navigo. This provides more robust governance for safeguarding within the organisation and assurances that we are meeting legal requirements and for the SAB. This is also the route for lessons learnt, such as Focus investigations which have taken place, resulting action plans, and disseminated across the organisation.

Along with this, there are now safeguarding champions in all areas of Navigo and from all levels. They meet monthly with a programme of speakers from external organisations attending to ensure the

champions improve their knowledge and understanding to cascade to their teams and to be a source of advice too. This has included a talk from the Focus safeguarding team to re-iterate 'making safeguarding personal', the implications of the Care Act, and information required when making the referral via the Single Point of Access (SPA).

There has been a pro-active presence at the review of prevent referrals and channel meetings. Navigo has continued to be represented at high risk panel meetings as well as raising awareness of utilising this multi-disciplinary process when other avenues have been exhausted.

The training programme for all staff has been reviewed to ensure that it meets the requirements aligned to the intercollegiate documents. This is now being taken forward to be incorporated within the training strategy.

There are agreed systems in place with children's services, such as for our attendance at child protection meetings; or information required.

In summary, the work undertaken ensures that safeguarding within Navigo is more robust; referrals continue to be made appropriately to the relevant agencies with processes; and governance is in place to report to the SAB.

#### 4.5 Care quality commission (CQC)

Each year the Care Quality Commission (CQC) publishes a report which sets out the state of care in England. The following is a summary of the state of health care and adult social care in England 2018/19. The full report is here:

[https://www.cqc.org.uk/sites/default/files/20191015b\\_stateofcare1819\\_fullreport.pdf](https://www.cqc.org.uk/sites/default/files/20191015b_stateofcare1819_fullreport.pdf)

##### Summary

Most of the care that we see across England is good quality and, overall, the quality is improving slightly. But people do not always have good experiences of care and they have told us about the difficulties they face in trying to get care and support. Sometimes people do not get the care they need until it is too late, and things have seriously worsened for them. This struggle to access care can affect anyone. Too many people find it hard to even get appointments, but the lack of access is especially worrying when it affects people who are less able to speak up for themselves – such as children and young people with mental health problems or people with a learning disability. Too often, people must chase around different care services even to access basic support. In the worst cases, people end up in crisis or with the wrong kind of care.

##### **The care given to people with a learning disability or autism is not acceptable**

Some people are struggling to get access to the mental health services they need when they need them. This can mean that people reach a level of 'crisis' that needs immediate and costly intervention before getting the care they need, or that they end up in inappropriate parts of the system. Some people are detained in mental health services when this might have been avoided if they had been helped sooner, and then find themselves spending too long in services that are not suitable for them.

Too many people with a learning disability or autism are in hospital because of a lack of local, intensive community services. We have concerns about the quality of inpatient wards that should be providing longer-term and highly specialised care for people. We have shone a spotlight this year on the prolonged use of segregation for people with severe and complex problems – who should instead be receiving specialist care from staff with highly specialised skills, and in a setting that is fully tailored to their needs. Since October 2018, we have rated as “inadequate” 14 independent mental health hospitals that admit people with a learning disability and/or autism and put them into special measures.

This is an unacceptable situation. A better system of care is needed for people with a learning disability or autism who are, or are at risk of, being hospitalised, segregated, and placed in overly restrictive environments. We must all work together to make this happen.

We also know that people with the most severe and enduring mental ill-health do not always have access to local, comprehensive rehabilitation services and are often in inappropriate placements far from home. This weakens support networks and the ability of family and commissioners to stay in close contact, sometimes with devastating consequences.

We are seeing issues with the availability of care. There has been a 14% fall in the number of mental health beds from 2014/15 to 2018/19. While this is in line with the national policy commitment to support people in the community, it is vital that people in crisis can access support when needed.

All of this is underpinned by significant issues around staffing and workforce. Our inspectors are seeing too many mental health and learning disability services with people who lack the skills, training, experience, or clinical support to care for patients with complex needs. In the majority of mental health inpatient services rated as inadequate or requires improvement since October 2018, the inspection reports identified a lack of appropriately skilled staff as an issue.

### **Other types of care are under pressure**

There is pressure on all health and care services in England. Waiting times for treatment in hospitals have continued to increase and, like many areas in the NHS, demand for elective and cancer treatments is growing, which risks making things worse. In hospital emergency departments, performance has continued to get worse while attendances and admissions have continued to rise. July 2019 saw the highest proportion of people spending more than four hours in A&E than any previous July for at least the last five years. What used to be a winter problem is now happening in summer as well. While other hospital services improved slightly this year, the quality of care in NHS urgent and emergency services in hospitals has deteriorated.

The stability of the adult social care market remains a particular concern. There is still no consensus on how adult social care should be funded in the future. Twice in 2018 we had to exercise our legal duty to notify local authorities that there was a credible risk of service disruption because of the potential failure of a provider’s business. An estimated 1.4 million older people (nearly one in seven) do not have access to all the care and support they need. There are consequences, knock-on effects, and extra pressures when people cannot easily access the care they need. In the 2019 GP Patient Survey, almost one in eight people who did not take the appointment offered to them went to an emergency department instead.

### **More and better community care services are needed**

More and better community services are needed to help people avoid crisis situations. In our report on segregation, we described a common picture where people with a learning disability or autism had not had access to the help they needed as children from health, care, and education services. When they encountered a crisis in their lives, there was nothing available locally to avoid going into hospital. For many, their hospital stay was prolonged because of delays in setting up the package of care they needed after they were discharged.

In many cases, crises could have been averted if local health, care, and education services had worked in unison to provide an integrated package to support them when they were young. In all sectors, there is pressure on the availability of services to maintain people's health and wellbeing. We have heard about the increasing concerns in getting care and support in the community – a lack of prevention services, early stage or low-level support, community-based NHS services and social care.

### **Care services and organisations must work more closely together**

The challenge for government, commissioners, national organisations, and providers is to change the way services work together so that the right services are being commissioned to deliver what people need in their local area. Leaders need to have a more urgent focus on delivering care in innovative, collaborative ways. Some places have better care than others. There are parts of the country with concentrations of relatively poor-quality care – people living there may find it more difficult to access good care. Although there seems to be some narrowing of regional variations in quality, there are still considerable differences. Around the country there are a number of shared commissioning budgets between health and social care. In some areas, our staff have seen more evidence of joint commissioning approaches. For example, joint commissioning is part of the Greater Manchester Health and Social Care Partnership plan; in Manchester (one of the 10 Greater Manchester localities), there is joint commissioning governance across all health and social care. However, such integrated approaches to commissioning are not yet widespread. When local health and social care providers work well together, people's experience of care can be improved. We highlighted last year, in our in-depth reviews of care for older people, the urgent necessity for change and that the barriers to working together can be broken down. Although progressing unevenly in different parts of the country, we have begun to see evidence of more integration and/or joint working emerging. Some local areas that we revisited have shown improvements.

### **More room and support need to be given for innovations in care**

Innovation is at the heart of some of the high-quality care we see – sometimes this is technological and specialised, or it might be the way in which services use smarter workforce planning to meet people's needs.

We encourage and support innovation that improves the quality of care for people and puts their safety first. However, where we see innovation happening, it is still more likely to be driven and supported by individual leaders or as a result of the determined efforts of local services.

Care staff are working in challenging and stressful working environments, and our work has highlighted regional variation in the ability of services to recruit and retain staff. We have seen

providers and other care organisations adopting new approaches to tackling workforce issues, with a particular focus on retaining staff.

Increased demand on services has prompted the development of new roles and an emphasis on upskilling existing staff. In primary care, there are increasing numbers of advanced nurse practitioners, nursing associates, physician associates, pharmacists, district nurses, mental health practitioners and social prescribing workers, all working in GP practices. The introduction of the nursing associate role has the potential to create development opportunities for staff in both adult social care and health care.

We have encountered a range of technologies being used to deliver care in more effective ways and to help people get a better experience of care. We have also seen some positive examples of technology being used to improve the experience of people with protected equality characteristics, but these have not been commonplace. This tends to be in those services with effective management and leadership, where it meets a specific need and is used to make care more person-centred.

The challenge for providers and the wider local health and social care communities is to consider technology in a broader strategic sense, as an enabler of high-quality care. There is no doubt that good things are happening in many places that are benefitting people, but projects are often piecemeal. We do not yet find enough examples of joined-up thinking between commissioners and providers where new technology is central to improving the quality of care for people.

#### **4.6 Community rehabilitation company (CRC)**

Humberside, Lincolnshire and North Yorkshire community rehabilitation company (HLNY CRC) is an organisation responsible for supervising offenders within the community. We work with low to medium risk service users who are serving community-based sentences or on post-custody licence. We are responsible for delivering unpaid work and offending behaviour group work programmes to service users managed by both the CRC and the national probation service (NPS). These programmes include the “building better relationships” (BBR) programme which is aimed at perpetrators of domestic abuse offences. We also support victims of domestic abuse through our partner link workers.

Risk management is integral to our work. We work in partnership with NPS colleagues and have robust risk escalation procedures in place in the event service users are assessed to pose a high risk of harm. We work in collaboration with Humberside police, youth offending service, NPS and Addaction within the integrated offender management scheme (IOM) which targets service users who pose the highest risk of re-offending. We are part of multi-agency risk management forums including MARAC and “Prevent”, working to safeguard adults who may be at risk from our service users as well as being mindful of safeguarding issues relevant to our client group. We work with Navigo and local adult safeguarding services towards linking service users into specialist support where required. We are linked in with the SAB and SAR/SILP panel.

In February 2020, the interim evaluation report for the alcohol abstinence monitoring requirement pilot was published. This scheme, involving the use of electronic alcohol monitoring tags, was piloted across HLNY CRC with funding from the OPCCs; Grimsby was an initial pilot site. The findings were positive, and the Ministry of Justice is currently planning a national roll-out of the intervention. We are proud of our involvement in this pilot.

Pending probation reform in 2021, CRCs remain subject to rigorous performance management from the Ministry of Justice and we maintain strong local performance against all service level measures and assurance metrics. Our report from Her Majesty's inspectorate of probation, (HMIP) was published earlier this year. This showed strengths in relation to leadership, through the gate resettlement work and delivery of unpaid work but areas of development in relation to case management. A robust action plan has been developed to address the areas highlighted by HMIP and we are working closely with our NPS colleagues as we approach the re-unification of probation services in June 2021. Probation reform will offer us an opportunity to merge with NPS colleagues creating strong, unified probation services to protect the public and reduce reoffending.

#### 4.7 Health (NLaG)

Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) is an NHS trust covering Northern Lincolnshire providing hospital and community services to our local population. We are committed to the safety and wellbeing of all patients in our care especially those who are deemed to be vulnerable and in need of safeguarding.

The trust has an identified lead for safeguarding (adults and children) across the three local authority areas and a named nurse for safeguarding adults and a named nurse for mental capacity and DOLS. The trust continues to have leads for learning disabilities, dementia, privacy and dignity. All these posts are held by senior staff within the organisation. Funding is currently being sought for a new post of specialist nurse (MCA & DOLS) to further enhance the safeguarding team.

There is commitment to attending and contributing to the local safeguarding adult boards (LSAB) in North Lincolnshire, North East Lincolnshire, and the East Riding of Yorkshire. The policy and procedures for all three LSABs are accessible via the safeguarding adults web page on the trust intranet and have been shared with trust staff. There is also recognition that there is representation on the LSAB sub-groups by senior trust staff including those with designated responsibilities in safeguarding arrangements.

NLaG are actively involved in case audit as part of the partnership working across the three LSABs that it works with. As part of routine investigations, the team undertakes a regular review of case records and implements action plans where improvements are necessary. Case discussion and audit feedback takes place at the bi-monthly safeguarding adults forum (part of the governance framework) and actively promotes the delivery of training which includes areas such as domestic violence, modern day slavery, financial exploitation, dementia, improving the care for people with learning disabilities, and prevent. All of these are delivered to ensure that we put the patient first and follow the principles of making safeguarding personal.

Safeguarding adult training continues to be a key area of focus within the trust with 91 per cent of staff trained to recognise and react appropriately when areas of concern are noticed. All safeguarding adults training is updated at least yearly to ensure that learning is linked to current issues both local and national. "Prevent" training compliance in the trust is also at 91 per cent.

DoLS applications continue to rise in line with national levels and demonstrate improved understanding of the needs of patients deprived of their liberty whilst in hospital.

The trust continues to identify adults in need of safeguarding and continues to make appropriate referrals in relation to support of vulnerable adults and safeguarding referrals if abuse is identified or suspected in line with its partners under the Care Act requirements. Referrals are completed in agreement with the client in an endeavour to make safeguarding personal.

Domestic abuse is a significant issue across Humberside with increasing incidents during 2019/20. The trust continues to identify victims and attends MARAC within North East and North Lincolnshire. Within the safeguarding team there are two independent domestic violence advocates who provide 1:1 work with victims and support staff.

Following our CQC inspection in 2019, the trust continues to move forward and make improvements to ensure that our clients receive the best possible care. A further inspection will take place in 2020/21.

#### 4.8 Healthwatch

The purpose of Healthwatch North East Lincolnshire (HWNEL) is to give patients and the wider public a powerful voice; ensuring that their views and experiences are heard by those who plan and deliver health and social care services, giving people a real say over how their local health and social care services are run.

Healthwatch not only has the ability to influence how services are set up, commissioned and delivered, but it is also able to provide advice and information on health and social care services as well as signpost those wishing to make a complaint about their local NHS services. Under its statutory remit, Healthwatch enables people to monitor the standard of provision of local care services, and has a number of powers to enable it to fulfil this activity, including the ability to enter and view premises where care is delivered.

HWNEL has a seat on the safeguarding adult board. Our purpose on the SAB is to bring an objective perspective as an independent body from that of NELC or NELCCG and to put across the views of the public, whether that be concerns or to highlight good practice.

During 2019/20, 31 enter & views were carried out, which feeds into the wider system with regards safeguarding adults within NEL. Enter & view is a power that Healthwatch has to access health and social care settings, enabling us to see how the people experience the service, observe the quality and nature of the service and collate evidence based feedback that can assist improvements in services.

##### ***Case study: HWNEL escalated one safeguarding issue to the SAB***

*A lady had telephoned Healthwatch to raise a concern and mentioned she had been stock-piling medication; Healthwatch raised this as an adult safeguarding concern.*

*After having raised the concern to adult safeguarding and the crisis team, we then had to raise it with the police.*

*Healthwatch contacted the SAB and escalated issues around the process for raising a concern for those suffering from mental health issues and welfare checks to ensure that the public are safe and that the process may be difficult for the general public to raise concerns.*

*HWNEL are aware this process has now changed and welfare checks, in certain circumstances, are now carried out by mental health staff and not by the police.*

#### 4.9 Independent social work practice (focus)

##### **Safeguarding adults' team**

2019/20 has been a challenging year for the safeguarding adult's team (SAT), both within the practitioner group, and with regard to MCA/DoLS.

### **Practitioner group**

The key role of the safeguarding adults practitioner group at *focus* (SAT) is to provide the statutory response to allegations of abuse as defined by Section 42 of the Care Act 2014, in line with Chapter 14 of the accompanying Care and Support Guidance on behalf of North East Lincolnshire Council (NELC). To do this, the SAT provides a duty and triage role to receive and risk assess concerns, and then take a lead role in making enquiries, or cause an enquiry to be made. The SAT has been established since 2010 and all the qualified professionals within the team also act as best interest assessors for the Mental Capacity Act/Deprivations of Liberty Safeguards (MCA/DoLS).

With regard to safeguarding concerns, the team has received, on average, 247 new referrals per quarter. Following triage by the team, 131 (per quarter) of these have required an enquiry to be completed. In total, throughout the year 524 enquiries were commenced, of those, only three were closed with the making safeguarding personal (MSP) element of the enquiry marked as 'desired outcome not achieved'. Taking a closer look at these three cases, one turned out to be a recording error, and for the remaining two, one was a case of alleged theft where no suspect could be identified, and the second related to an unrealistic outcome that been requested. In both cases actions were taken to minimise risk where this was possible.

The SAT has maintained a close working relationship with the local designated safeguarding adults manager (DASM), and where the safeguarding enquiries undertaken have identified a person in a position of trust (PiPoT) as the source of risk, then the DASM has been informed; per quarter, an average of 40 referrals to the DASM have been made throughout 2019/20.

The SAT also continues to support active groups across the safeguarding partnership including domestic abuse – one system approach, MARAC, and MATAC, channel, modern day slavery, and MAPPA. The team has a good working relationship with the police and has undertaken a number of joint visits with officers in response to safeguarding concerns that have involved criminal offences such as those associated with domestic violence, cuckooing, and MDS.

Throughout 2019/20, the SAT has been supporting the development of the safeguarding unit on Systmone with the *focus* digital team, and TPP (the system developers). It is hoped that the Systmone safeguarding unit will be ready to use in 2020/21.

This year, the SAT has brought their delivery of the safeguarding awareness training to a close as the safeguarding/MCA training post is now established. Information can be found about the work of the safeguarding/MCA Trainers and the new training offer in the training section of this report.

Finally, for the SAT practitioner group, an external audit was undertaken by Mutual Ventures this year to examine the effectiveness of the safeguarding partnership in NEL. An action plan was developed in response to the audit, and a number of actions were identified for consideration regarding safeguarding practice as it relates to the SAT as follows:

- Development of case audit tool – completed January 2020.
- SPA and SAT to offer briefing sessions to partner agencies regarding the appropriate use of the service – completed November 2019.

- Development of feedback process for SPA regarding contacts that do not progress to safeguarding triage – completed October 2019.
- MSP - Exploration of mediation and therapeutic interventions – this element is ongoing on a case by case basis.

The SAB has been considering the remainder of the action plan as part of the review of the structure, strategy, and performance reporting.

***Case Study: Making safeguarding personal (MSP) and criminal offences***

*Once case worked jointly between the police and the SAT involved an allegation of domestic violence. In this case, there had been allegations of physical violence, damage to property, and threats to harm/kill.*

*A member of the SAT visited the couple’s property with the police so that they could evaluate what immediate actions might be required, and to consider whether the case met the criteria for MARAC, or any application for protection orders from the court. In circumstances where there is a threat of serious harm, consent is not necessarily required by the police for actions to be taken, so MSP can be difficult to achieve.*

*However, after a long discussion with the couple, both separately and together, it was decided that the ‘victim’ would spend some time away from the home to allow both parties to decide what they wanted to do.*

*This break gave the couple the time and space to conclude that they did not wish to separate, and they were later reconciled, with access to support mechanisms if and when they needed them.*

*In this case the police and the SAT worked positively, and the desired outcome for both parties of the couple was met.*

**MCA/DoLS business team**

The MCA/DoLS team within *focus* provides the business support to the MCA/DoLS process throughout NEL. This year has been another busy year, with new DoLS applications being made at the average rate of 275 per quarter.

The NEL DoLS structure is supported by qualified best interest assessors (BIAs) across key agencies including *focus*, Care Plus Group, Navigo and the CCG. With the support and commitment of these BIAs, 149 assessments per quarter were completed throughout the year. By the end of the year there were 352 active DoLS authorisations being managed by *focus* on behalf of NELC. The MCA/DoLS team also monitors the conditions on all of these authorisations, along with any cases where there is a potential for a Section 21A Challenge.

The DoLS waiting list continues to be a cause for concern. At the end of March 2020 there remained 396 applications on the waiting list. As part of the planning for the forthcoming Liberty Protection Safeguards (LPS), the CCG provided some additional resources to allow some of the medium risk applications on the waiting list to be allocated and authorised. These resources facilitated the authorisation of 83 medium risk applications. However, by the end of the year, due to conflicting priorities and the demand for high risk authorisations, no further work could be completed on the

medium risk applications. As 2019/20 came to a close the number of unallocated applications by category stood at 396 comprising of: Renewals – 11, High – 11, Medium – 93, Low – 281.

In preparation for LPS, *focus* initiated a piece of work that involved engagement with all care home providers in NEL, and involved them reviewing their low risk applications and undertaking a gap analysis of each one against the requirements of the LPS. This resulted in a number of applications being risk reviewed, with some being allocated for assessment and authorisation. A further piece of work was also completed to scope the number of self-funded placements that might need independent assessment to comply with future LPS requirements. The outcome of these gap analyses will inform the development of the system to prepare for the implementation of the LPS system in the future.

The MCA/DoLS team also has the oversight of the number of court authorised deprivations of liberty in non-standard settings (i.e. not care homes or hospitals). Throughout 2019/20, the court authorised 9 applications; a further 10 applications were made to the court for renewal of existing authorised DoL.

### **MCA and safeguarding adults' trainers**

This year saw the creation of a new and very exciting role within *focus* – the MCA and safeguarding adults' trainer. This role is set to work refreshing and updating the current safeguarding adults training package. Arguably the biggest piece of work, however, came in the shape of a brand-new MCA training pathway. The pathway aims to better improve the local health and social care sectors knowledge and use of the MCA in day-to-day practice. This not only ensures individuals receive true person-centred care but crucially that professionals and others are practising lawfully. The pathway launched in September 2019.

The creation of the MCA mini-series on YouTube and an MCA and safeguarding adults e-newsletter ensures practitioners are kept up to date with changes. A workplace group was also created which aims to keep *focus* staff updated with MCA and safeguarding adults' knowledge in the form of various resources.

The safeguarding adults training sessions continue to be well attended with the MCA pathway having a huge demand, leading to the decision to advertise for a second trainer. By 31<sup>st</sup> March 2020, 495 staff had been trained in level 1 of the pathway, with a small cohort having completed the full pathway.

**Examples of feedback from training sessions:**

*“Engaging training, well delivered”*

*“Excellent tutor, has had good experience in her job and able to use examples”*

*“Lots of information and clarity over the MCA 2005”*

*“Kept me focused throughout”*

*“Great amount of group participation/activities”*

*“Delivered really well and understandable – no jargon”*

*“Content of training was excellent”*

*“I have developed confidence”*

*“The trainer is very knowledgeable, presents excellently and makes the training an enjoyable experience for all”*

*“Very professional, kept everyone engaged in the conversation”*

#### 4.10 National probation service (NPS)

The role of the National Probation Service (NPS) is to protect the public, support victims and reduce re-offending. Our staff do this by:

- Assessing risk and advising the courts, to enable the effective sentencing of offenders.
- Directly managing those offenders in the community, and before their release from custody, who pose the highest risk of harm and have committed the most serious crimes.
- Working in partnership with CRCs and other service providers to motivate and support those under our supervision to turn their lives around and desist from offending.

The NPS has a key responsibility for safeguarding and promoting the welfare of adults at risk and can make an important contribution to the early identification of care and support needs of offenders in the community, including offenders who are carers. We work collaboratively across agencies to reduce risk and stop the experience of abuse and neglect, whilst at the same time making sure an individual’s well-being is being promoted with due regard to their views, wishes, feelings and beliefs.

The NPS is committed to the co-ordinated multi-agency approach to addressing domestic abuse. We share information with partnership agencies via MARAC and MATAC, to support the protection of victims, and we work closely with our colleagues from the HLNy CRC to commission services to address domestic abuse, by working with offenders to change their behaviour.

We are proactive in working to address the impact of modern-day slavery. A local NPS manager has developed an e-learning package, which has been made available to all prison and probation staff, to raise awareness of this subject. Briefings have been delivered to senior managers and practitioners and regular bulletins are produced to update staff, including court staff, who tend to be our first point of contact with victims of modern day slavery.

All our staff have completed mandatory Home Office prevent training. We are represented on the silver “prevent” board and “channel” panel and we work closely with divisional NPS counter terrorism leads. We have continued to work with the North East Lincolnshire and North Lincolnshire safeguarding adults board members via the Humberside multi-agency public protection arrangements (MAPPA). Together we have ensured the proportionate and necessary risk management of adult offenders, whilst supporting their rehabilitation to reduce longer-term risk.

## 5. Work group activity

Following the restructure of the NEL SAB, the learning and workforce development group was dissolved and the outstanding actions relating to the planning for changes to the Mental Capacity Act were formally handed over to the MCA Group (see below).

The quality assurance and performance group was also dissolved but information and data from across the safeguarding partnership continues to be gathered and analysed on a quarterly basis for reporting to the SAB by *focus*.

The communications and engagement group was also dissolved, and this area of business is now encompassed in the three new thematic workgroups.

*See appendix B for details of section 42 training*

*See appendix C for details of performance data*

### 5.1 SAR, SILP and good practice group

The safeguarding adult referral/significant incident learning process (SAR/SILP) and good practice group received two referrals during the 2019/20 year.

Three SARs were completed from referrals in 2019/20 and the findings were disseminated across various organisations through 7-minute briefings.

#### Significant incident learning process (SILP)

The full report is published on the Safer NEL website and can be found here:

<http://www.safernel.co.uk/learning-from-audits-and-safeguarding-reviews/>

#### Safeguarding adult review (SAR)

The full report is published on the Safer NEL website and can be found here:

<http://www.safernel.co.uk/learning-from-audits-and-safeguarding-reviews/>

The safeguarding adult review process is constantly evolving, looking to ensure the processes are streamlined and as effective as possible, avoiding any duplication with other review processes.

### 5.2 Provider forum

The joint SAB safeguarding, and the CCG long-term care provider forum meetings are now firmly established and well attended. Four forum meetings were held in 2019/20 (03.04.2019, 17.07.2019, 23.10.2019 and 29.01.2020) and topics discussed included:

- Care in the last day of life
- Red bag scheme
- Nutrition and hydration
- Mental Capacity Act and Deprivation of Liberty Safeguards
- Infection control
- Best interest assessment
- ECHO project
- Liberty Protection Safeguards
- Brexit

- Support to care homes programme
- Tissue viability
- Adult social care charging policy

The forum continues to contribute to the development and implementation of the work of the SAB, and facilitates the dissemination of SAB protocols and guidance such as the persons in a position of trust (PiPoT) process and provides updates on legislation such as the Mental Capacity Act and Deprivation of Liberty Safeguards.

### 5.3 Mental Capacity Act (MCA) / deprivation of liberty safeguards (DoLS) group

2019/20 has been an extremely busy year for Mental Capacity Act/deprivation of liberty safeguards (MCA/DoLS) in North East Lincolnshire.

#### Training (CPD)

The second Mental Capacity Act 2005 (MCA) training review across health and care, conducted on behalf of SAB, surveyed a wider cohort when compared with the previous review. This review focused on practitioners instead of providers, in seeking to establish whether staff feel they receive the right MCA training to deliver their role. Results indicate that access to training had increased and the majority felt training at the right level enabled them to feel confident in their role. However, barriers appear to remain (for example) in the form of differing professional opinions regarding MCA application and uneven levels of awareness across professions and the public. Keeping knowledge up to date is a continuing challenge. Whilst the review's findings indicate that improvements have been made, there is more work to do. An action plan is in place to address the issues identified, which amongst other things, has resulted in changes to MCA training delivery via *focus* and via the year's programme of special events.

In conjunction with the training team at *focus*, the following special events were delivered, to enhance application of safeguarding and MCA-related duties -

#### Applying the memorandum of understanding (MoU)

A third workshop was delivered on NEL's 2018 MoU, designed to support practitioners in mental health and social care navigate the difficult interface between the MCA and Mental Health Act 1983 (MHA). This workshop was the final one in a series, during which the MoU has been developed, launched, and applied. It provided an opportunity for staff to raise any outstanding concerns in relation to selecting the appropriate route for authorising a deprivation of liberty (either via the MCA or MHA). A majority of staff gave the workshop 10/10 and many reported feeling more confident in their ability to apply the law – and therefore the MoU - in this area of practice.

#### MCA Annual update and lessons learned

This year's update events were doubled to maximise the number of attendees and allow for sufficient focus on the Liberty Protection Safeguards (LPS). MCA and LPS expert Alex Ruck Keene delivered two sessions across two days to a variety of health and care staff. As well as covering MCA case law developments in the previous year, Alex considered what the introduction of LPS might mean for each health/ care sector, and suggested ways in which practitioners and organisations might plan their

implementation. Overwhelmingly positive feedback indicated that attendees had found the sessions a useful challenge to their practice.

### **Applying human rights to practice**

British Institute of Human Rights (BIHR) attended NEL to deliver full-day sessions for core practitioners across *focus*, CPG, Navigo and the CCG, and two half-day introductory sessions for colleagues in wider settings including the voluntary sector, residential, supported living and care at home services. The sessions focused on human rights-based practice in a health and social care context, to enable cross-sector practitioners to understand the law and apply it to their work. Such understanding is a crucial foundation for delivering safeguarding principles. The BIHR has 40 years of experience in supporting those in public service to integrate human rights into their work; their delivery was engaging and hands-on, and extremely well received.

### **Understanding the options for supporting vulnerable, capacitous individuals**

Specialist barrister Joe O'Brien delivered two separate half-day sessions to staff across health and care. The sessions were designed to enable participants to understand when and how the High Court may be used to protect vulnerable adults using its inherent jurisdiction, when no other mechanism is available. This includes circumstances where adults are subject to coercion or undue influence or are for some other reason unable to make a free choice. The sessions included practical consideration of balancing sometimes competing objectives: protecting a vulnerable adult and respecting their rights of autonomy. The sessions were highly rated, being well presented and entertaining as well as useful and practical.

### **Best interest assessor (BIA) development**

A second 'Annual BIA Bash' was held to provide an update for BIAs and opportunities to reflect on and improve their practice. This year's 'Bash' was delivered by barrister and author Aasya Mughal from Edge Training, who offered guidance on the existing BIA role, and the equivalent function under the pending LPS. The balance of academic and practical delivery, with awards, prizes and cake was welcomed by BIAs! Event evaluation was very good.

Ten professionals drawn from *focus*, Navigo and the CCG completed BIA training in the last quarter of 2019/20. The University of Huddersfield delivered the training in Grimsby, to make it easier for more practitioners to access. An additional 10 BIAs means our area has a greater number of professionals with a higher level of expertise, which benefits the health/care system as a whole, and the organisations that 'host' the BIAs. Regrettably, it does not mean that we have sufficient BIAs to meet the demand represented by our substantial waiting list for DoLS authorisations. However, a greater number of BIAs is more likely to support us to transition effectively to implementation of the LPS, which is intended to make consideration of deprivation of liberty a core part of practitioner activity across a wider health and social care cohort.

*See appendix D for details of MCA/DoLS Data*

## **5.4 Domestic abuse**

Tackling domestic abuse remains a priority in NEL and ongoing work to tackle its prevalence across the borough continues to be embedded in the strategic 'one system approach', underpinned by the one system domestic abuse strategy 2018/21. The strategy is focused around the following areas:

**PREVENT** – *Cultivating an environment that prevents domestic abuse and brings about a continual reduction in incidents across North East Lincolnshire, by raising awareness, encouraging victims to report earlier, and tackling the culture of acceptance.*

**PROTECT & PROVIDE** – *Nurturing an environment where sustainable high-quality provision, early intervention and wide-ranging support services are accessible in order to protect and provide for victims and their families.*

**PURSUE** – *Deploying the full weight of the criminal justice system to bring perpetrators swiftly to justice, whilst also offering support to those who want to change their behaviour.*

The strategy in turn is reinforced by a comprehensive action plan that is overseen and monitored by the one system delivery group, which co-ordinates an extensive range of partnership activity.

#### **In 2019/20:**

- Women's Aid supported victims of DA and their families through the refuge and outreach & resettlement contract and provided a range of added value DA services across the borough, supported through donations, fundraising activities and income from their charity shops. They accepted a total of 647 referrals in 2019/20.
- Grimsby and Scunthorpe Rape Crisis Limited (The Blue Door) provided independent domestic violence advocate (IDVA) provision, supporting high risk victims of DA. A total of 3,457 contacts were made with clients in 2019/20.
- Multi-agency risk assessment conference (MARAC) arrangements continued to ensure all necessary safety measures around high-risk victims and their families were in place through a structured multi-agency process. A total of 548 cases were heard at MARAC in 2019/20.
- The reform non-convicted perpetrator programme continued to improve outcomes around perpetrators being able to sustain non-abusive behaviour. It began taking referrals for the additional 'who's in charge' programme (aimed at parents whose children are abusive/ violent) in April 2019.
- Following a successful pilot in September 2018, the multi-agency tasking and coordinating (MATAC) system has continued to address the offending behaviour of repeat and serial perpetrators of DA.
- Funding for the target hardening scheme was extended to allow provision to continue during 2019/20. The scheme supports vulnerable victims of crime who need improved or enhanced security carried out at their home address. In 2019 there were 1,063 referrals, 57% of which were DA related.
- Sustained publication of consistent domestic abuse messages via the social marketing and communications plan, which were seen and read throughout the borough.
- Continued work on the development and implementation of a refreshed strategy for workforce development in relation to DA, with a focus around working safely with families and perpetrators.

There were 5,327 recorded DA incidents during 2019/20; of these, 3,355 DA crimes were recorded. This is a 3% decrease in reported DA incidents and 2% decrease in crimes against reported incidents

when compared to the previous year, indicating that the strategies around *'prevent, protect & provide and pursue'* are beginning to take effect.

The recording of the prevalence of DA is not straightforward. Not all victims will report to or be identified by the police. It is generally accepted that the number of DA incidents is under-reported with national research indicating that it takes on average between 2 ½ to 3 years before a victim seeks support. It is therefore essential that strategies continue to be in place to encourage disclosures.

***Feedback from service users:***

*"The Blue Door, women's refuge and freedom programme are a truly valued service and without their help and support I would never have made it this far and got my life back."*

*"IDVA's are life savers and without them there would be a high rate of suicide in this country."*

*"I could ring my support anytime and she could see me progressing over time by my more positive attitudes."*

## 5.5 Prevent/Channel

The Counter-Terrorism and Security Act 2015 places a duty on local authorities to have *"due regard to the need to prevent people from being drawn into terrorism"*. As part of that duty NELC leads the channel agenda. Channel is a multi-agency process to identify individuals at risk, assess the nature and extent of that risk and develop an appropriate support plan to reduce or remove that risk. The police have a critical role within channel and work closely with NELC in order to assist them discharge their duty. A number of agencies support the process including youth offending services, probation, health, mental health services and education, as well as adult and child social services.

The panel received no new referrals during 2019/20.

## 6. The year ahead

The strategic plan was refreshed in 2019 and lasts three years (2019-2021). This provides direction and co-ordinates the efforts of the SAB to ensure service delivery is safe and improves the quality of care and support for those of our community who most need them. Priorities have been identified from recent safeguarding adult reviews (SARs) and the themes and trends identified from the learning extracted from audits and reviews.

The three priority areas continue, namely:

- Neglect
- Domestic Abuse
- Exploitation

The three recurring common themes that underpin elements within all three priorities continue and addressing these will be central in the SAB's approach to those themed priorities. They are:

- Lack of professional curiosity – the failure of professionals to identify safeguarding issues or challenge others.
- Considering the presence and impact of the 'toxic trio' of domestic abuse, mental ill-health, and substance abuse.
- Professional and public awareness and communication of safeguarding issues.

A new structure for the SAB was considered at a workshop held on 12<sup>th</sup> February 2020. A greater emphasis will be placed on leadership by the statutory partners of a wider and more inclusive SAB. Work groups will be streamlined with specific objectives identified by the SAB who will meet more regularly, initially on a bi-monthly basis. There will be a greater emphasis on ensuring that policies and protocols are being followed and that they are improving practice.



SAB Strategic Plan  
2019.pdf

We will continue to work closely with the NEL SCP and the CSP to embed the principle that "safeguarding is everyone's business".

Finally, and perhaps most importantly, we will continue to endeavour to reach out to all adults at risk of abuse or neglect and in doing so, take steps to ensure that their voices are heard and they not only feel safe but are safe and able to access the right services at the right time to protect them and minimise and prevent harm.

We will do this by:

- Demonstrating and sharing our commitment to ensuring that '*safeguarding is everybody's business*' - with our internal and external partners and the wider community.
- Establishing a culture that recognises and does not tolerate abuse.

- Educating professionals and the public on how to spot the signs of abuse and to do something about it.
- Work in ways that enable adults at risk of abuse and neglect to make their own decisions and choices and encourage others to do the same.
- Ensure the voices of adults at risk of abuse or neglect, and their carers, are heard and acted upon.
- Strive to provide the victims of abuse or neglect with the outcomes they want, and those that are right for them as individuals.
- When abuse happens, provide support to those affected to:
  - stop the abuse occurring or continuing
  - ensure that perpetrators are dealt with properly and swiftly
  - ensure access to services is available for those most vulnerable at the time they are needed and
  - share learning and solutions from all resolved issues far and wide so NEL can feel safe and be safe.

## 7. Appendices

### Appendix A – SAB structure and membership



NEL Safeguarding  
Adults Board Structure

#### 2019-2020 membership:

**Jan HAXBY:** *Board Chair and Director of Quality, North East Lincolnshire Clinical Commissioning Group (NELCCG)*

**Bev COMPTON:** *Director of Adult Social Services, North East Lincolnshire Council (NELC)*

**Detective Superintendent Dave WOOD:** *Protecting Vulnerable People Unit, Humberside Police*

**Cllr Margaret CRACKNELL:** *Portfolio Holder for Health, Wellbeing and Adult Social Care, NELC*

**Andrew APPLEBY:** *Inspection Manager, Care Quality Commission (CQC)*

**Becky BAILEY:** *Interchange Manager, HLN Community Rehabilitation Company (CRC)*

**Craig FERRIS:** *Head of Safeguarding, Northern Lincolnshire and Goole (NLaG) NHS*

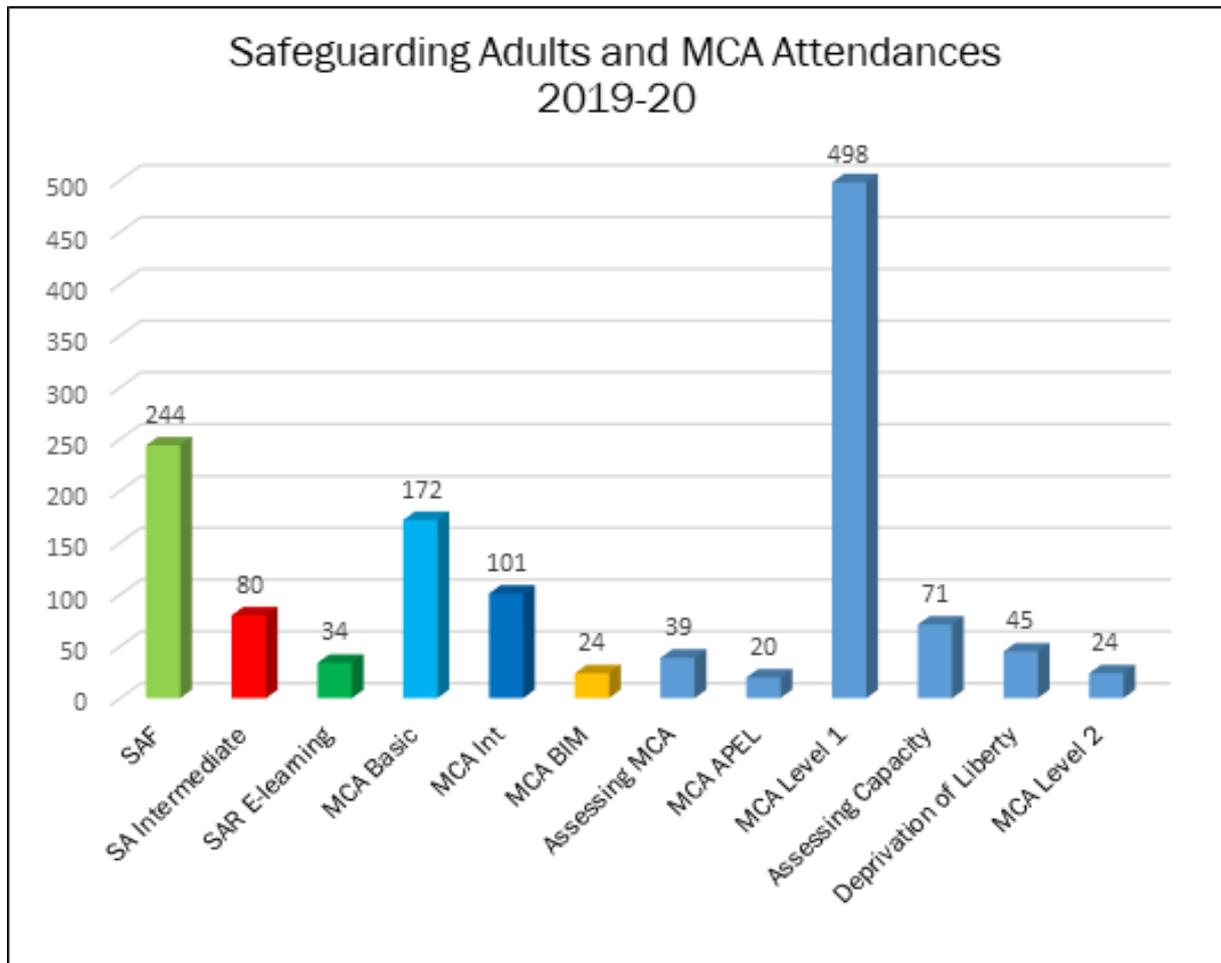
**Nick HAMILTON-RUDD:** *Head of Humberside National Probation Service (NPS) (North and North East Lincolnshire)*

**Tracy SLATTERY:** *Delivery Manager, Healthwatch*

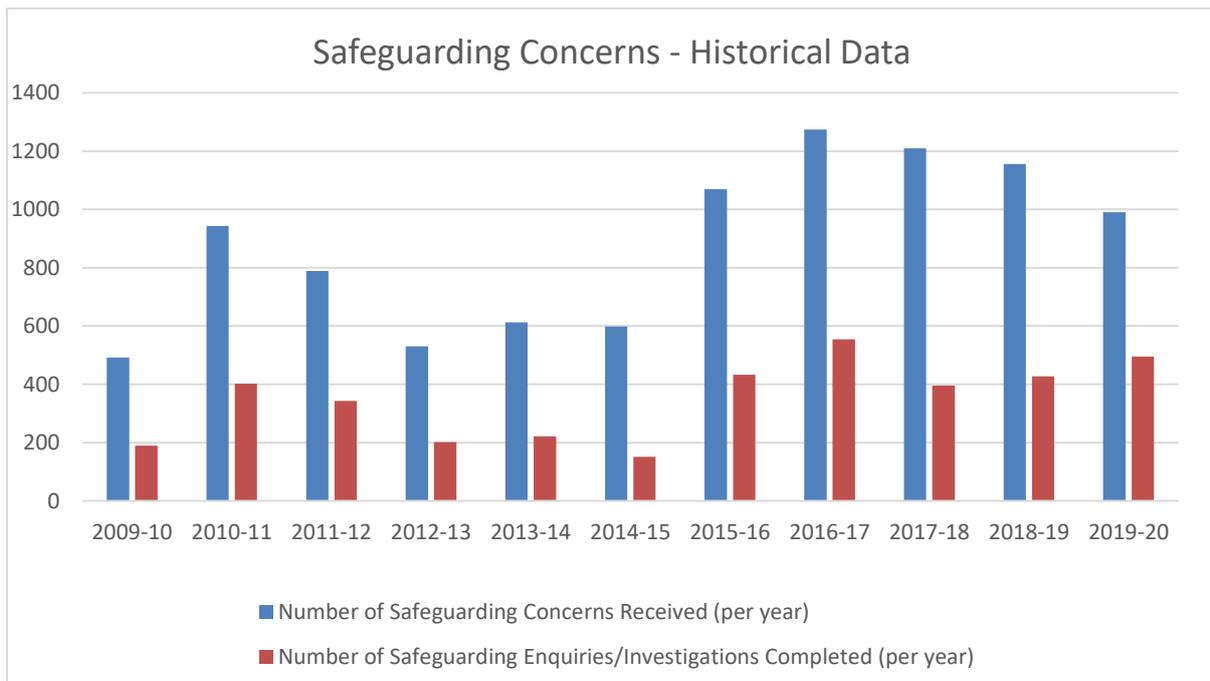
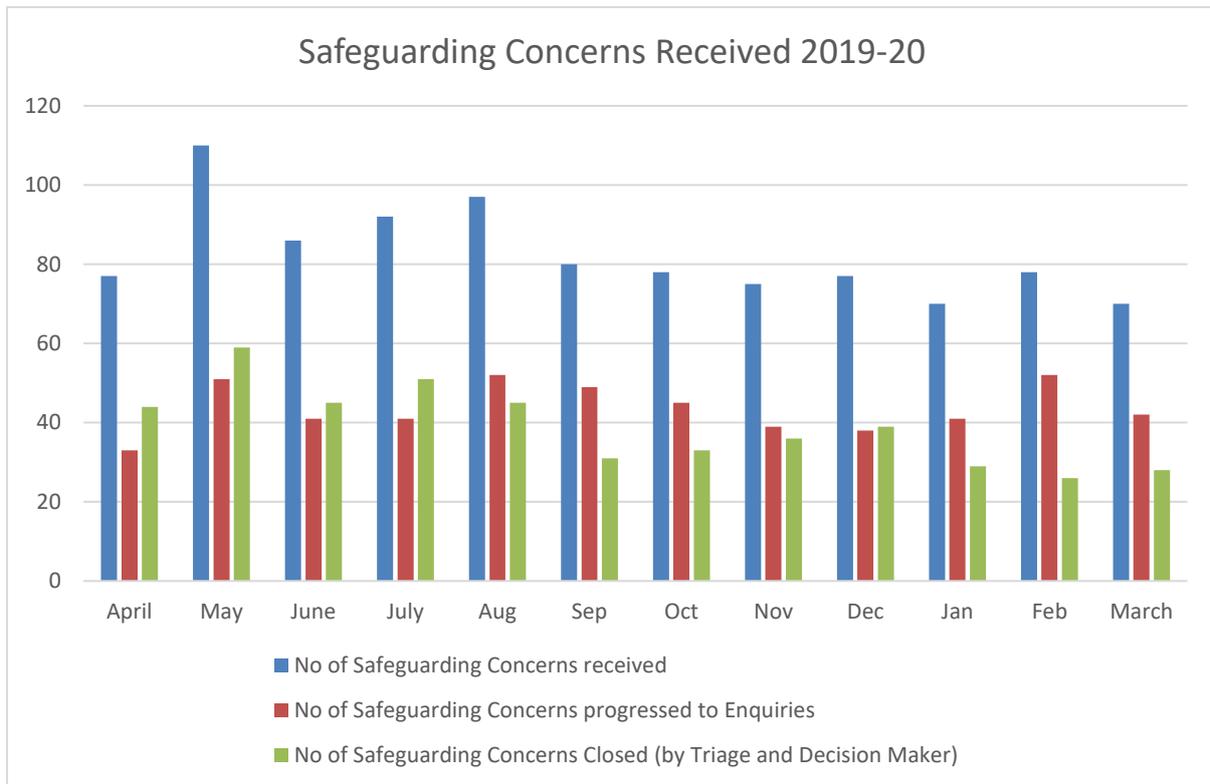
**Joe WARNER:** *Chief Executive, focus Independent Social Work Practice*

**Stewart WATSON:** *NELSAB Business Manager, NELC*

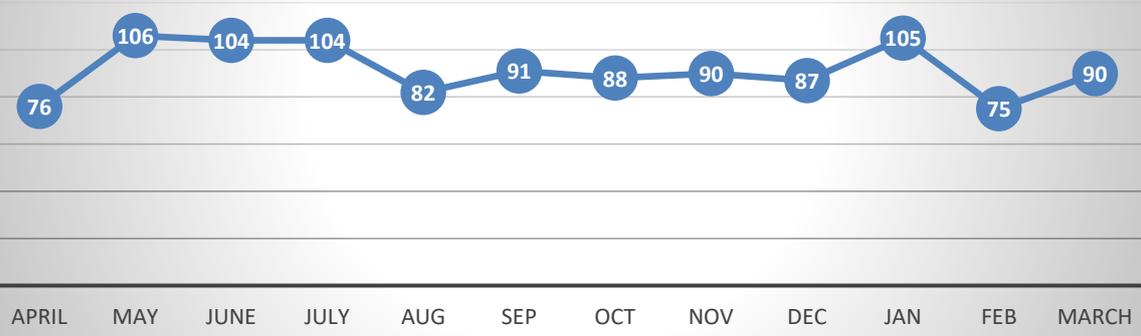
**Julie WILBURN:** *Designated Nurse for Safeguarding Adults, NELCCG*



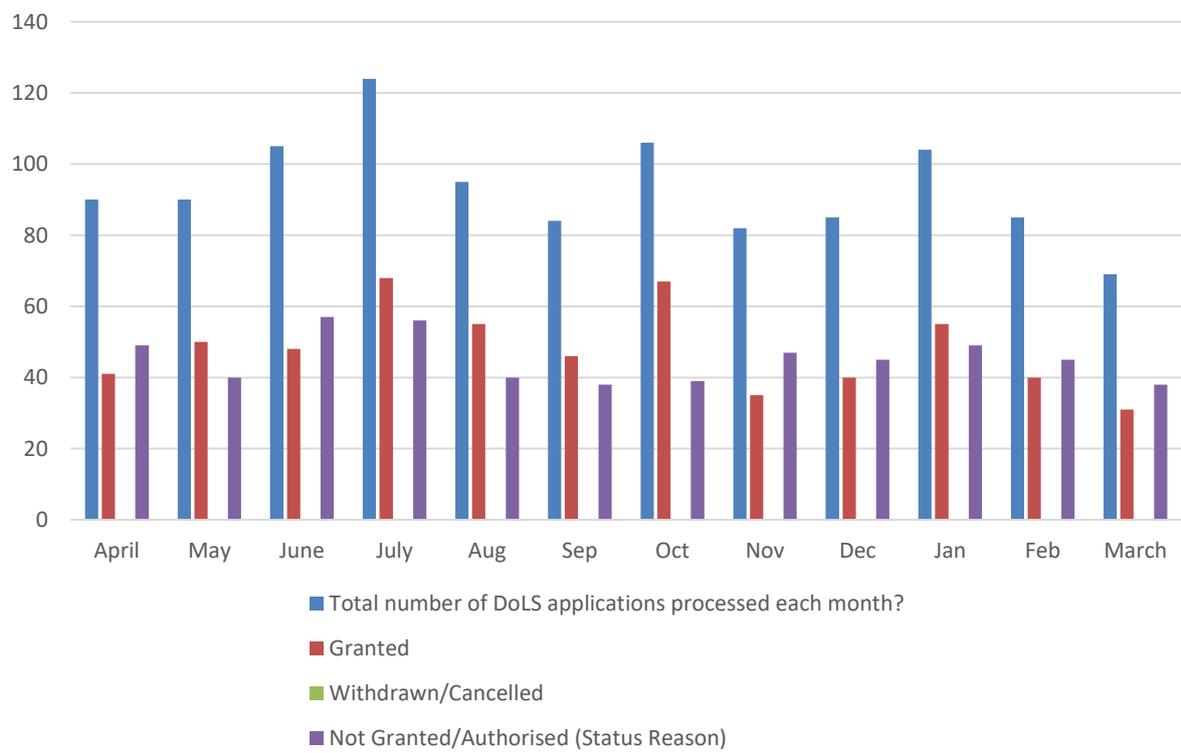
## Appendix C – performance data

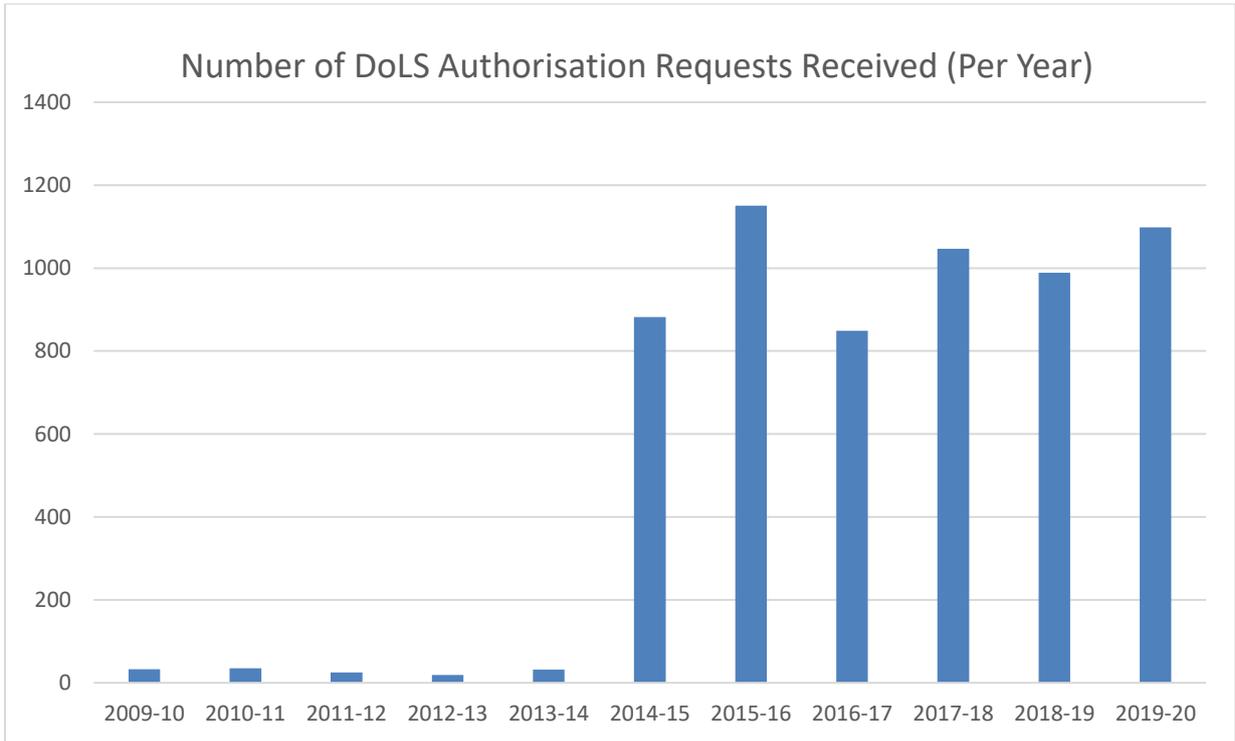


### Number of DoLS Authorisation Requests Received 2019-20



### DoLS Outcomes 2019-20





## 8. Glossary of abbreviations

ADASS = association of directors of adult social services

AMHP = approved mental health practitioner

ASYE = assessed and supported year in employment

BIA = best interest assessors

CID = criminal investigation department

CQC = Care Quality Commission

CRC = community rehabilitation company

CSP = community safety partnership

DART = domestic abuse recovering together (programme)

DASM = designated adult safeguarding manager

DASS = director of adult social services

DoLS = deprivation of liberty safeguards

HWNEL = Health Watch North East Lincolnshire

IMCA = independent mental capacity advocate

LPS = liberty protection safeguards

MAPPA = multi-agency public protection arrangements

MARAC = multi-agency risk assessment conference

MATAC = multi-agency tasking and co-ordination

MSP = making safeguarding personal

NEL = North East Lincolnshire

NEL CCG = North East Lincolnshire clinical commissioning group

NELSAB = North East Lincolnshire safeguarding adults board

NLaG = Northern Lincolnshire and Goole NHS foundation trust

NRM = National referral mechanism

NSPCC = national society for prevention of cruelty to children

PiPoT = person in position of trust

PVP = protecting vulnerable people

SAB = safeguarding adults board

SAR = safeguarding adults' review

SAR, SLIP and GP group = safeguarding adult referral, significant incident learning process and good practice group

SCP = safeguarding children partnership